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ABSTRACT

This study explored the appropriateness of kinship care placements by examining the adjustment of 46 children, most of whom were Caucasian, in their grandparents' care. Members of support groups for grandparents who are raising grandchildren were solicited for participation in the study. All participants were the primary caregivers of at least one grandchild between the ages of 5 and 18 years and all resided in southern California. Each of the participants completed the Child Behavior Checklist (CBCL), the Parenting Dimensions Inventory (PDI) and a family demographic questionnaire. Measures of child adjustment and the caregiving behavior of grandparents were correlated. The results suggested that caregiving behavior high in nurturance and structure with moderate expectations for child behavioral control distinguished children with few behavior problems from those less well adjusted. Approximately 85 percent of children in the study demonstrated behavior problem frequencies below clinically significant levels, suggesting that placement of children with grandparents is a highly desirable alternative to other forms of foster care. This finding compares favorably with the 90 percent expectation for the general population, suggesting that despite numerous risk factors in these children's histories, they can, and often do, make satisfactory adjustments. (Contains 28 references.) (Author/AA)

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Caregiving Behaviors which Predict Adjustment of Children Raised by Grandparents

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ABSTRACT

As of 1994, 1.36 million children were being raised by their grandparents. There is widespread concern regarding the appropriateness of these and other kinship care placements. This study examined the adjustment of 46 primarily Caucasian children in their grandparents' care. Measures of child adjustment and the caregiving behavior of grandparents were correlated. Caregiving behavior high in nurturance and structure with moderate expectations for child behavioral control distinguished children with few behavior problems from those less well adjusted ($p < .10$). Approximately 85% of children in the study demonstrated behavior problem frequencies below clinically significant levels, suggesting that placement of children with grandparents is a highly desireable alternative to other forms of foster care.

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More children are being raised by extended family members than at any other time in history (Strom & Strom, 1993). According to statistics maintained by the U.S. Census Bureau, in 1994 approximately 1.36 million children were being raised exclusively by grandparents. The number of such children has increased steadily over the past several years. Magruder (1994) noted a four fold increase in kinship care placements in California from 1986 to 1992, nearly half of which were placements with grandparents. Interestingly, the ethnic backgrounds of the birth parents were approximately evenly split between Caucasian, Hispanic, & African American suggesting the needs for such placements are not unique to any particular ethnic group.

Berrich & Barth (1994) have expressed concern over the lack of available data regarding the appropriateness of such large scale reliance on kinship care. They noted that, "research in the area of kinship care has not kept pace with its development as a placement alternative" (p. 1). Studies of children in the care of persons other than their birth parents have generally found higher levels of behavioral and emotional problems (Dubowitz, Feigelman, Harrington, Starr, Zuravin, and Sawyer, 1994). Dubowitz and colleagues examined the physical and mental health and the educational adjustment of children in kinship care. They found that 26% suffered from clinically significant levels of behavior problems as measured by the Child Behavior Checklist (Achenbach, 1991). This is substantially higher than the 10% clinical frequency found in the general population. (Achenbach and Edelbrock, 1991). Using an early version of the Child Behavior Checklist, McIntyre and Keesler (1986) found 46% of foster children with significant behavioral problems. However, Inglehart (1994) compared adolescents in kinship foster care with those in non-relative foster care in Los Angeles county, California and found that, although neither group was problem free, the adolescents in kinship care enjoyed a higher degree of mental health functioning. In discussing the implications of their study, Dubowitz, et al. stated, "...perhaps the most relevant policy and research question is why some of these children appear to fare well in kinship care and others do not" (p. 102).

Several authors (Larsen, 1990; Palmer, 1990; Smolowe, 1990) have reported that today most children are in out-of-home placement due to a variety of problems including abandonment, incarceration of the parents, mental illness, physical and sexual abuse, and, most frequently, parental drug abuse. Inadequate or abusive parenting, parental delinquency including drug abuse, parental abandonment, and unstable family environments have all been implicated in the development of psychopathology and pre-delinquent behavior in children (Henggerler, 1989; Rickel & Allen, 1987). Consequently, there is a very large population of children in out of home placements who are in danger of developing serious emotional and behavioral problems.

Prior studies (Jones, 1992, 1993) found that children reared by their grandparents fare better than children in other out-of-home placements despite numerous background risk factors for maladjustment. Typically they are the children of drug abusing, neglectful birth parents. They have experienced a chaotic and insufficiently nurturing family life prior to placement with their grandparents. In both studies behavioral rating scales developed by Achenbach and Edelbrock (1991) were used to assess child adjustment. In the first study, caregiving grandparents rated their grandchildren's behavior while in the second, the children's classroom teachers were the raters. In both instances, the frequency of clinically

significant behavioral problems was only slightly higher than that of the normal population. Two factors were identified which accounted for 34% of the variance in child adjustment: family income above the poverty level and the quality of the relationship between grandparent and grandchild. Relationship quality was assessed globally using a measure adapted from Gronvold (1988). Essentially, it was defined by the closeness between grandparent and grandchild, their level of communication, and how well they got along. This finding was consistent with research showing a positive correlation between child adjustment and the child-caregiver relationship (Barrera, 1981; Greenberg, Siegel & Leitch, 1983). These studies suggest that a strong and supportive relationship between the caregiving grandparent and grandchild may protect the child from their adversely stressful backgrounds.

The current study focused on further understanding how the grandparent-grandchild relationship may affect the adjustment of children raised in the grandparent's home. Eight caregiving behaviors of grandparents were assessed using an adaptation of the Parenting Dimensions Inventory (Slater & Power, 1987). A ninth behavior, related to type of parental control, was eliminated to control for questionnaire length. The eight behaviors assessed in the current study have been shown in research to correlate with positive adjustment in children (Emery, 1989 Maccoby & Martin, 1983; Maaire & Power, 1983; Patterson, 1982; Wallerstein & Kelly, 1980). The caregiving/parenting behaviors, identified in Table 1, are grouped into three factors.

Table 1
Parenting

Support	Structure	Control
Nurturance	Involvement	Amount of control
Sensitivity	Consistency	Maturity demands
Non-restrictive attitude	Organization	

Nurturance refers to the emotional climate between child and parent. Sensitivity characterizes the degree to which the parent considers the wants and feelings of the child when making decisions. A nonrestrictive attitude implies that the parent permits the child to express herself and to try out new behaviors. Together, these characteristics make up the support factor. The structure factor includes the amount of parental involvement, the degree to which the parent is consistent and predictable, and the amount of organization provided in the home. The variables incorporated in the control factor, amount of control and number of maturity demands, interact with nurturance and structure in mediating child adjustment. Slater & Power (1987) have found in replicated studies that the Parenting Dimensions Inventory (PDI) is a reliable and valid instrument, predictive of child adjustment.

METHOD

Subjects:

Members of support groups for grandparents who are raising grandchildren were solicited for participation in the study. All respondents were the primary caregivers for at least one grandchild between the ages of 5 and 18 years and all resided in southern California. Respondents completed the Child Behavior Checklist (CBCL) (Achenbach, 1991), the Parenting Dimensions Inventory (PDI) (Slater and Power, 1987), and a family demographics questionnaire.

Materials:

Child adjustment: The CBCL is a standardized measure of children's behavior which provides an overall score as well as separate scores for both internalizing and externalizing behavior problems. In the normative sample, 10% had T scores above 63 which is described as the "clinical range".

Caregiving behavior: The PDI is a multidimensional assessment instrument which provides measures of specific parenting behaviors which have been shown in research to mediate normal adjustment in children. Included are measures of nurturance, sensitivity, and non-restrictive attitudes (supportive behaviors); involvement, consistency, and organization (structuring behaviors); and maturity demands and amount of control (control behaviors). PDI scores are predictive of child adjustment as measured by the CBCL.

Family demographics: A one page questionnaire provided information regarding age, gender and ethnicity of grandchildren and grandparents, family income, grandparent's marital status, reasons for placement with grandparents, duration of placement, custody status, and frequency of visits by birth parents.

Procedure:

The grandparent respondents were contacted through various support groups meeting in southern California. Those that agreed to participate were provided materials and self-addressed, postage paid envelopes to return their responses to the researchers.

CBCL scores were generated with computer software provided by the publishers. PDI scores were calculated using the method described by the authors. All data tabulation and statistical analysis was completed using the GB-STAT computer software package (1994).

RESULTS

Table 2 describes various descriptive characteristics of the sample. Both the grandchildren and their grandparents were predominantly Caucasian. The typical family income of the group was in the $40,000 to $75,000 range. The mean age of the grandchildren was 8.79 years; their ages varied from four to 18 years. On average, they had lived with their grandparents about five and one-half years. The majority were placed with their grandparents as a result of parental drug abuse.

Table 2
Characteristics of Children
and Grandparent Caregivers

Children (n = 46)		
Race	Mixed African American/Caucasian	2
	Mixed Hispanic American/Caucasian	1
	Caucasian	44
Female (%)		39
Age (mean yrs.)		8.79
Duration in grandparents' care (mean yrs.)		5.66
Reasons for placement		
	Birth parent's drug abuse	31
	Parent's mental illness	3
	Child abuse	7
	Death of parent	2
	Neglect/abandonment	2
	Parental incompetence	1
Grandparents (N = 46)		
Race: Caucasian		46
Age (mean yrs.)		60.59
Female (%)		57
Married (%)		87
Annual family income (% of sample)		
	Under $15,000	1.25
	15 -$35,000	15.22
	35-$50,000	19.57
	50-75,000	34.78
	75-$100,000	4.35
	Above $100,000	15.22

Table 3 presents means and standard deviations for several key variables.

Table 3
Description of Key Variables

Variable & (range of possible scores)		Mean	SD	Min	Max
Nurturance	(6-36)	31.52	4.46	19	36
Sensitivity	(5-30)	24.80	3.89	14	30
Non-restrictive attitude	(7-42)	32.28	5.48	17	42
Involvement	(7-42)	28.72	6.53	7	39
Consistency	(8-48)	32.33	6.09	20	42
Organization	(4-24)	17.96	2.73	12	24
Amount of Control	(0-5)	3.67	.90	1	5
Maturity Demands	(0-18)	4.59	3.36	0	13
PDI Total	(35-233)	175.87	15.92	142	206
CBCL Total Problem T Score[1]		51.04	10.73	31	77
CBCL Internalizing Problem T Score[1]		50.22	12.42	33	84
CBCL Externalizing Problem T Score[1]		50.24	10.33	30	76

[1] Standardized scores: mean = 50; S.D. = 10.

The children's adjustment as measured by the CBCL total problem T score was generally better than that associated with a clinical population (lower problem scores implies better adjustment). Seven of 46 (15.22 %) were above the borderline clinical cut score of 63. This is higher than the 10% clinical frequency expected in the general population (Achenbach & Edelman, 1991), but substantially below frequencies of 26% to 46% reported elsewhere (Dubowitz, Feigelman, Harrington, Starr, Zuravin, & Sawyer, 1994; McIntyre & Keesler, 1986). Total PDI scores can vary between 35 and 233. The mean and standard deviation for total PDI scores in this sample were 175.87 and 15.92 respectively. The mean of a similar combination of factor scores for a sample drawn from the general population reported by Slater (1986) was 175.25.

Correlations between various PDI variable scores and CBCL scores were not statistically significant. A further comparison was made between cases with CBCL total problem T scores within the clinical and non-clinical ranges. As noted previously, only seven cases had scores in the clinical range. T-test comparisons for PDI total scores and the PDI structure factor scores are presented in Table 4

Table 4
Mean Comparisons of PDI Total and Structure Factors Scores for Clinical and Non-Clinical Cases

	Non-Clinical	Clinical
PDI Total Score:		
Mean	172.15	150.99
Standard deviation	15.76	15.98
t (44) = 1.85; p = .07		
PDI Structure Factor Score:		
Mean	80.33	71.57
Standard deviation	10.33	12.97
t (44) = 1.98; = .053		

Both the PDI Total and Structure factor scores approach but fail to provide a statistically significant distinction between clinical and non-clinical cases.

DISCUSSION

There are several limitations to generalizing of the current results. These include the non-random nature of the sample and the ethnic, economic, and demographic specificity of the sample. However, the results are useful in several meaningful ways. Most studies examining grandparent head of household families have focused on lower income, urban settings, with predominately African American and other minority populations (Dubowitz, et al., 1994; Minkler & Roe, 1993). Few have explored similar families in white, upper income suburban neighborhoods. As the Magruder (1994) study noted, kinship placements tend to occur among all ethic groups and consequently there is a need to understand how all such families fare. The results also show that a substantial number of children raised by their grandparents are measurably well-adjusted. Furthermore, the assumption that grandparents are unable to shift from the more indulgent role of grandparent to an appropriate parenting style is not supported. As a group, the caregiving grandparents were found to provide a very supportive, well structured and consistent home setting with moderate levels of behavior control. This style of parenting is associated with positive adjustment in children and has been described by Baumrind (1971) as "authoritative parenting". Given the lack of consistency and support typical of the parental homes from which these children came, it is not surprising to find that these caregiving variables appear to facilitate the children's adjustment.

While caregiving behaviors, as assessed by the Parenting Dimensions Inventory, did not provide a statistically significant distinction between well-adjusted and poorly adjusted children at the chosen alpha levels, the behaviors studied appear to impact child

adjustment to a clinically meaningful level. Both the total PDI score and the structure factor score differentiated clinical and non-clinical groups at the .07 and .053 levels respectively. This is likely due to the small number of children showing poor adjustment which, although a positive finding, resulted in a reduction in the power of statistical comparisons. These results nonetheless point to the potential clinical usefulness of the PDI in making placement decisions for children removed from parental custody. As noted earlier, the use of kinship care has increased dramatically over the past several years and social services agencies are called upon to make crucial and potentially life-altering decisions regarding placement of increasing numbers of children whose parents are unable or unwilling to provide adequate care. Frequently there is a concern about the appropriateness of first generation relatives as suitable substitutes for dysfunctional parents; the question is legitimately raised. With replication on a larger scale, the PDI may prove useful as an economical, objective instrument, to combine with other appropriate clinical data, in making such important decisions.

Approximately 85% of children in the study demonstrated behavioral problems below the level of clinical significance. This compares favorably with the 90% expectation for the general population, suggesting that despite numerous risk factors in these children's histories, they can, and often do, achieve satisfactory adjustment. This result is consistent with other research pointing to the insulating effect that appropriate family support provides to children in stressful life circumstances (Barrera, 1981; Greenberg, Siegel & Leitch, 1983; Jones, 1992, 1993) and is comparable to Inglehart's (1994) finding that adolescents in kinship care had fewer serious mental health problems than those in foster family care. Taken together these studies suggest that grandparents and other kinship care givers provide a very desirable alternative to other forms foster care. If the caregiver is free of the stresses associated with very low income and can provide a supportive, nurturing relationship which is predictable and structured, with reasonable parental control of child behavior, children in their care will benefit.

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